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| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  **Program Quality Assurance Services** |

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: North Adams

CPR Onsite Year: 2016-2017

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 02/08/2017.

**Mandatory One-Year Compliance Date:** **02/07/2018**

**Summary of Required Corrective Action Plans in this Report**

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 10 | End of school year evaluations | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 41 | Age span requirements | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 20 | Staff training on confidentiality of student records | Not Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |
| ELE 3 | Initial Identification | Partially Implemented |
| ELE 4 | Waiver Procedures | Not Implemented |
| ELE 6 | Program Exit and Readiness | Partially Implemented |
| ELE 10 | Parental Notification | Not Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |
| ELE 18 | Records of ELL students | Partially Implemented |

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| **Criterion & Topic:**  SE 10 End of school year evaluations | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review indicates that when consent for an evaluation is received between 30 and 45 school working days before the end of the school year, the district does not always schedule a Team meeting to propose an IEP or issue a finding of no eligibility no later than 14 days after the end of the school year. | | | |
| **Description of Corrective Action:**  Interviews with Special Education Chairpersons indicated a belief that teachers could not be required to participate in IEP meetings that occur after the end of the school year.  Training will be provided to Special Education Coordinators (Team chairpersons) indicating that any signed evaluation consent forms received between 30 and 45 school working days of the end of the school year must be completed within 14 days after the end of the school year if evaluators are unable to expedite the process and complete assessments prior to the end of the school year. | | | |
| **Title/Role(s) of Responsible Persons:**  Director of SSS, Team Chairpersons | | **Expected Date of Completion:**  07/15/2017 | |
| **Evidence of Completion of the Corrective Action:**  Advisory notice to Special Education coordinators. Coordinator's meeting agenda, attendance log. Review of all evaluation consent documents received between 30 and 45 school working days of the end of the school year will indicate that meetings are scheduled to meet no later than 14 days after the end of the school year. | | | |
| **Description of Internal Monitoring Procedures:**  Annual review of all evaluation consent documents received between 30 and 45 school working days of the end of the school year will indicate that meetings are scheduled to meet no later than 14 days after the end of the school year. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 10 End of school year evaluations | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  The regulation does not require teachers to participate in Team meetings after the end of the school year. This criterion regulates that the IEP Team meeting must be held before the end of the school year and that the IEP must be issued within 14 days after the end of the school year, and within the 45 days timeline required after the receipt of the parental consent to evaluate. | | | |
| **Department Order of Corrective Action:**  The district's training must clearly address that when consent for an evaluation is received between 30 and 45 school working days before the end of the school year, a Team meeting is scheduled to propose an IEP or issue a finding of no eligibility no later than the end of the school year, and the proposed IEP and placement are issued no later than 14 days after the end of the school year. | | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (agenda, materials used and dated attendance list with staff signature/role) provided to Special Education Coordinators on the procedures to ensure that when a consent for an evaluation is received between 30 and 45 school working days before the end of the school year, a Team meeting is scheduled to propose an IEP or issue a finding of no eligibility no later than the end of the school year, and the proposed IEP and placement are issued no later than 14 days after the end of the school year. Submit the evidence by June 12, 2017.  Conduct a review of records for students of all grade levels for any consent received between 30 and 45 school working days before the end of the 2016-2017 school year. Determine if the proposed IEP and placement were issued no later than 14 days after the end of the school year. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by December 11, 2017.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | | |
| **Progress Report Due Date(s):**  06/19/2017  12/11/2017 | | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that while parents receive progress reports as often as parents are informed of the progress of non-disabled students, this progress report information does not consistently include written information on the student's progress towards each annual goal in the IEP. | | |
| **Description of Corrective Action:**  Reviews of progress reports indicated that the written content is often too general, lacking in data, and/or not related back to the goal for which the report is written.  The district will provide training to Special Education Coordinators and Special Education Teachers regarding how to write informative progress reports which include written information on the student's progress towards the IEP goals. | | |
| **Title/Role(s) of Responsible Persons:**  Director of SSS, Special Education Coordinators | | **Expected Date of Completion:**  11/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Training agenda and attendance log. | | |
| **Description of Internal Monitoring Procedures:**  Special Education coordinators will review a sampling of progress reports at each reporting period. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (agenda, materials used, and attendance list with staff signature/role) provided to Special Education Coordinators, special education teachers and related service providers on the district procedures to ensure that progress report information consistently includes written information on the student's progress towards each annual goal in the IEP by June 12, 2017.  Conduct a review of records for students across all grade levels with Team meetings held after training is provided, for evidence that parents are provided written information on the student's progress towards each annual goal in the IEP. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by December 11, 2017.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  06/19/2017  12/11/2017 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that when the district provides parents with a summary of the key agreements reached at the conclusion of the Team meeting, the summary does not consistently include a statement of the major goal areas associated with the special education and/or related services proposed by the district and described on the completed IEP service delivery grid. | | |
| **Description of Corrective Action:**  Review of blank Team Summary templates used by Special Education Coordinators showed that the forms were out of date. While the forms had been updated by the central office they had not been disseminated.  The District will revise the approved Team Summary Report form to include a statement of major goal areas associated with special education and/or related services proposed by the district as indicated on the services delivery grid. Training on the use of the form will be provided to the Special Education Coordinators | | |
| **Title/Role(s) of Responsible Persons:**  Director of SSS, Special Education Coordinators | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Sample of updated team summary form. Training attendance log and agenda. | | |
| **Description of Internal Monitoring Procedures:**  The Office of Student Support Services will review IEPs as they are processed to ensure that they include the appropriate form. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (agenda, revised Team summary form, and attendance list with staff signature/role) provided to Special Education Coordinators to ensure the summary includes all required content by June 12, 2017.  Conduct a review of records for students across all grade levels with Team meetings held after training is provided, for evidence that the Team meeting summary contains all required content including a statement of major goal areas. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by December 11, 2017.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  06/19/2017  12/11/2017 | | |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that the Non-participation Justification statement in the IEP does not consistently state why the removal of a student from the general education classroom is considered critical to the student's program and the basis for the Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Description of Corrective Action:**  Review of current IEPs indicated that although each IEP contained a statement, the language used did not clearly and consistently state the reasons why the student's non-participation was necessary to ensure that the placement was the least restrictive environment possible.  The district will provide training to the Special Education Coordinators on selecting the Least Restrictive Environment possible and writing clear statements of justification for non-participation in general education. | | |
| **Title/Role(s) of Responsible Persons:**  Director of SSS, Special Education Coordinators | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Training agenda, attendance logs, sample statements of non-participation. | | |
| **Description of Internal Monitoring Procedures:**  Director of Student Support Services and Special Education Coordinators will conduct annual sampling review of non-participation statements | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (agenda, materials used and the dated attendance list with staff signature/role) provided to Special Education Coordinators on the district procedures to ensure that the Non-participation Justification statement in the IEP states why the removal is considered critical to the student's program and the basis for the Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily by June 12, 2017.  Conduct a review of records for students across all grade levels with Team meetings held after training was provided, for evidence that the Non-participation Justification statement states why the removal is considered critical to the student's program and the basis for the Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by December 11, 2017.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  06/19/2017  12/11/2017 | | |

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review, document review and interviews indicate that for students in the Adult Transition Program, a substantially separate special education program, services indicated on the service delivery grid of their Individualized Education Programs (IEPs) do not correspond to the services that students are receiving according to their class schedules. The service delivery grids reflect functional academics, academic support, reading, written expression, and speech and language services ranging from 10 to 25 hours each week. The schedules, however, reflect academics, exercise, cleaning, hygiene, and work; with academics being provided only 2.5 hours each week. In addition, the students in the program receive their direct special education services from paraprofessionals and not by related service providers, special education teachers, and aides who are trained in Applied Behavioral Analysis, as specified in their IEPs  Also, the E3 Program, an alternative program serving at-risk general education and special education students, does not have a special education teacher to design and/or provide direct special education services to special education students enrolled in the program. The program is staffed with two general education teachers and a social worker; however, the service delivery grids for the students in the program indicate services are to be provided by a special education teacher. | | |
| **Description of Corrective Action:**  A review of student schedules showed a lack of alignment with the service delivery grid on their IEPs. In addition, there is not a teacher based in the program, the special education administrator served as the teacher of record. As a result, the implementation of the students' IEP services was not monitored with fidelity.  The district will hire or place a special education teacher to lead the Adult Transition Program, and who will ensure that the program schedules, and services delivered are aligned to the student's academic and life skills goals indicated by the students' IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Director of SSS, HS Principal, HS Special Education Coordinator | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Schedules will align to students IEP service delivery grids and goals. Roster will indicate that services are provided by appropriately certified staff. | | |
| **Description of Internal Monitoring Procedures:**  Annual review to be completed by Director of SSS, HS Principal and HS Special Education Coordinator. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not address the non-compliance identified in the E3 Program, that lacks a special education teacher in the program for students with IEPs whose service delivery grids indicate services are to be provided by a special education teacher. | | |
| **Department Order of Corrective Action:**  The district must review the IEPs of students enrolled in the E3 Program and appropriately staff the program with a special education teacher if the service delivery grids for these students indicate that such services must be provided by a special education teacher. | | |
| **Required Elements of Progress Report(s):**  Provide the names and licensure numbers for teachers at the Adult Transition and E3 Programs by September 8, 2017.  Submit the class schedules and IEPs for students in the Adult Transition and E3 Programs for the 2017-2018 school year by September 8, 2017. | | |
| **Progress Report Due Date(s):**  09/08/2017 | | |

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review indicates that the district's Notice of Proposed School District Action (N1) does not consistently include: 1) the action the school district is proposing to take; 2) why the district is proposing to act; 3) a description of any other options that the district considered and the reasons why those options were rejected; 4) a description of each evaluation procedure, test, record or report used as a basis for the proposed action; or 5) other factors relevant to the district's decision. | | |
| **Description of Corrective Action:**  Review of documents and interviews with staff indicate that statements had been written using the Key Evaluation Results information and were designed to provide as much information to parents as possible; however, statements were not consistently reviewed to ensure that all of the required information was included.  The district will provide training to Special Education Coordinators on writing complete and concise Proposed School District Action (N1) and School District Refusal to Act (N2) notices. Training will include templates and exemplars of compliant notices that answer all of the required questions. | | |
| **Title/Role(s) of Responsible Persons:**  Director of SSS, Special Education Coordinators | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Training agenda, attendance logs. Samples of N1 and N2 letters completed following the training | | |
| **Description of Internal Monitoring Procedures:**  The Director of SSS and the Special Education Coordinators will review samplings of N1 and N2 letters for compliance annually | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please review the Sample Notices found at http://www.doe.mass.edu/sped/advisories/01\_4sample.pdf#search=%22notice%22  Submit evidence of training (agenda, materials used, dated attendance list with staff signature/role) provided to Special Education Coordinators to ensure that the notice consistently includes the action the school district is proposing to take; why the district is proposing to act; a description of any other options that the district considered and the reasons why those options were rejected; a description of each evaluation procedure, test, record or report used as a basis for the proposed action; and other factors relevant to the district's decision by June 12, 2017.  Conduct a review of records for students across all grade levels with Team meetings held after training is provided, for evidence that the N1 consistently includes 1) the action the school district is proposing to take; 2) why the district is proposing to act; 3) a description of any other options that the district considered and the reasons why those options were rejected; 4) a description of each evaluation procedure, test, record or report used as a basis for the proposed action; or 5) other factors relevant to the district's decision. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by December 11, 2017.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  06/19/2017  12/11/2017 | | |

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| **Criterion & Topic:**  SE 41 Age span requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates that the age span of the youngest and oldest student in the following special education instructional groupings at Drury High School differs by more than 48 months:  1) Learning Center 1; 2) Learning Center 2; 3) Learning Center 4; 4) Reading E; 5) DL Science F;  6) DL Math B; and 7) Humanities A.  In addition, document review indicates that the age span of the youngest and oldest student in the following special education instructional groupings at the Off Campus differs by more than 48 months: 1) Plant Maintenance E; and 2) Horticulture G.  A written request for approval of a wider age range has not been submitted to the Department for any of these instructional groupings. | | |
| **Description of Corrective Action:**  Drury High School is configured as a grade 8-12 high school with a 7 day rotating drop schedule. Document review and interviews with staff indicated that students were placed in specialized classes, including the Off Campus program, according to their IEP needs which at times lead to a span of ages greater than 4 years as a result of the 5 year grade span within the high school.  Professional development regarding the age span requirements was not included in the mandatory training provided to all staff at the beginning of the year.  The District will reconfigure grade spans at the elementary and high school levels by moving the 7th grade to the high school thus creating a 7/8 grade program and a 9-12 program. The 7/8 program will be operated separately from the high school courses, which will remove the 8th grade from 9-12 classrooms.  MSBA Approval (one elementary school still has an open project) March, 2017  School Committee Approval March 2017  Full move to be completed 9/1/2017  Training on age-span requirements will be provided to all staff during the mandatory professional development sessions at the start of the school year. | | |
| **Title/Role(s) of Responsible Persons:**  Director of SSS, HS Principal, HS Special Education Coordinator | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Class rosters will indicate that no special education classroom has an age span of greater than 48 months. | | |
| **Description of Internal Monitoring Procedures:**  Director of SSS, High School Principal and High School Special Education Coordinator will review class rosters in the fall of the year to ensure that age spans are within the compliant range, or waivers are applied for. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 41 Age span requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (agenda, materials used, dated attendance list with staff signature/role) provided to the high school Special Education Coordinator and Principal on age span requirements by June 12, 2017.  Provide the schedules of all instructional groups (by periods) that include the age of the youngest and oldest student in each grouping for all pull-out and substantially separate programs (7-12) at Drury Jr-Sr High School for the 2017-2018 school year. Please use the template found in the WBMS Document Library titled "Special Education Instructional Grouping and Age Span Template" by September 8, 2017. | | |
| **Progress Report Due Date(s):**  06/19/2017  09/08/2017 | | |

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| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates that the following staff designing and/or providing direct special education services to special education students are not appropriately licensed: 1) at Brayton Elementary School, a teacher working in the Transitions Program, a special education classroom providing pull-out services, is not licensed in special education; 2) a teacher providing pull-out services for special education students at both Brayton Elementary School and Colegrove Elementary School is not licensed in special education for the grade level being taught; and 3) a teacher providing pull-out services for special education students at Drury High School is not licensed in special education for the grade levels being taught. The service delivery grids for the students served in these classrooms indicate services are to be provided by a special education teacher. | | |
| **Description of Corrective Action:**  Internal review of employee files and HR practices indicated that staff who were not appropriately certified in a given area were often hired as 'long term substitutes' without having sought the necessary waivers.  The hiring processes for Special Education teachers will include verification of certification and pursuit of waivers, when necessary, per the guidelines of the MA DESE.  Special Education Teachers currently working without, or outside their area of certification will have either obtained certification or will have applied for waivers per DESE guidelines  The process will be outlined in the employee handbook by June 30, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Director of SSS, Director of CIA, Principals | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Process documented in Employee handbook. Documentation through ELAR verifying Special Education Teachers' certification and pursuit of waivers, when necessary, per the guidelines of the MA DESE. Teacher Rosters for each school will indicate that all teachers providing pull-out services are appropriately licensed or waived at the level they are teaching. | | |
| **Description of Internal Monitoring Procedures:**  District Leadership team will annually review the certification status of all teachers. Administration will review certification status at the time of hiring of new Special Education teachers. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide the name, license number and/or approved waiver for the teacher (s) at 1) Brayton Elementary School working in the Transitions Program; 2) Brayton and Colegrove Elementary Schools who are teaching outside of their grade level and 3) Drury High School for whom the person is not licensed for the grade levels being taught by June 12, 2017.  Submit the 2017-2018 licensure information for all special education teachers at Brayton and Colegrove Elementary Schools and Drury High School by September 8, 2017. | | |
| **Progress Report Due Date(s):**  06/19/2017  09/08/2017 | | |

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district does not regularly provide training to all special education, general education and paraprofessional staff on the following: 1) analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom; and 2) methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students. | | |
| **Description of Corrective Action:**  Internal review and interviews indicate that training provided to all special education, general education and paraprofessional staff  did not include a focus on:  1) analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom  2) methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students  Staff will participate in district wide initiative training using the DESE Inclusive Practices Guidebook. Building principals will lead their staff in guided use of the curriculum during professional development release time and staff meeting time. The district will also participate in the DSAC Inclusive Practices Network. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Director of SSS, Director of CIA, Principals | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  PD Attendance Logs and certifications through DESE from staff. | | |
| **Description of Internal Monitoring Procedures:**  Principals will lead the training through the 2016-17 school year. District instructional rounds will look for aggregate evidence of inclusive practices during walkthroughs. District Data team will review aggregate data to look for trends that indicate increased inclusive approaches. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district must develop a monitoring plan to ensure that special education and general education staff to include paraprofessionals will be provided training regularly on analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom; and methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students. | | |
| **Department Order of Corrective Action:**  The district must provide a description of an internal tracking and monitoring system to ensure that all special education and general education staff to include paraprofessionals will be provided training regularly on analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom; and methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students. | | |
| **Required Elements of Progress Report(s):**  Provide the professional development calendar for the 2017-2018 school year by June 12, 2017.  Provide a description of the an internal tracking and monitoring system with individuals designated responsible to ensure that all special education and general education staff to include paraprofessionals will be provided training regularly on analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom; and methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students by June 12, 2017. | | |
| **Progress Report Due Date(s):**  06/19/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Classroom observations and document review indicate that CASTLES and Program 119, two substantially separate classrooms at Drury High School, are located in the lower level of the building where only special education offices and related service facilities are located and, therefore, do not maximize the inclusion of special education students into the life of the school. | | |
| **Description of Corrective Action:**  Interviews with staff and administration indicated that Program 119 and Castles were assigned to their current locations based upon the need for access to a private restroom and ease of entry and egress to the building with limited disruption to the students enrolled in those programs. Additionally the design of the location was to reduce the emotional stresses involved in the busy hallways of the general education setting while providing students the ability to participate in general education programs as their emotional well-being permitted  The District will reconfigure grade spans at the elementary and high school levels by moving the 7th grade to the high school thus creating a 7/8 grade program and a 9-12 program. The layout of the High School will be adjusted accordingly. If possible, programs will be relocated to create better opportunities for inclusion in the general education program, additionally the administration will look at moving general education programs closer to the substantially separate programs. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Director of SSS, HS Principal, HS Special Education Coordinator | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Floor plans indicating location of substantially separate classrooms. Written justification and assurance of inclusive practice where location moves are not possible (ie: safety issues, in-room private bathroom requirement etc.) Where moves are not possible there will be a written justification and plan for creating inclusive opportunities. | | |
| **Description of Internal Monitoring Procedures:**  Annual review of programs by Director of SSS, HS Principal and HS Special Education Coordinator. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the proposed floor plan for the 2017-2018 school year for the reconfigured classroom spaces of Program 119 and the CASTLES Program at Drury Jr Sr High School to ensure these spaces maximize the inclusion of special education students into the life of the school by June 12, 2017.  Schedule a date with the Department to conduct an onsite visit during the week of August 28, 2017 for the district's September 8, 2017 progress report submission. | | |
| **Progress Report Due Date(s):**  06/19/2017  09/08/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates that the procedures submitted by the district for the discipline of students with disabilities include all required information. However, these procedures are not fully contained in the student handbooks and codes of conduct. Specifically, they do not include: 1) if the behavior is not a manifestation of the disability, the district must offer services to enable the student to continue to participate in the general education curriculum and to progress toward IEP goals and, as appropriate, conduct a functional behavioral assessment and implement behavioral intervention services and modifications to address the behavior so that it does not recur; 2) placing students in an Interim Alternative Educational Setting (IAES) on the authority of a hearing officer when the student is "substantially likely" to injure him/herself or others; or 3) notifying the parent of the decision to take disciplinary action.  The procedures in the student handbooks and codes of conduct for Greylock and Colegrove Elementary Schools also do not address placing students in an Interim Alternative Educational Setting (IAES) on the district's authority if the behavior involves weapons, illegal drugs, another controlled substance or the infliction of serious bodily injury on another person while at school or a school function. | | |
| **Description of Corrective Action:**  An examination of the school handbooks across the district indicated that information was not consistently included in each school's handbook, nor did the language align across all buildings and with school committee policy.  The district Principals and Director of Student Support Services will review the Student Handbooks for each school and revise the Code of Conduct sections to align with the Legal Standard and district policies. A template will be provided to each school that includes the necessary language to ensure alignment.  Upon completion the Student Handbooks for the 2017-2018 school year will be reviewed and approved by the School Committee. Review to be completed by June 1st, 2017.  School Committee approval of Student Handbooks on June 6th, 2017.  Updated Handbooks will be disseminated to, and reviewed with staff during mandatory training at the start of the school year. Handbooks will be distributed in print and electronic format (via the school website) to parents. | | |
| **Title/Role(s) of Responsible Persons:**  Building Principals and Director of Student Support Services | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Once approved, student handbooks will be posted on school and district websites. All handbooks will include: 1) if the behavior is not a manifestation of the disability, the district must offer services to enable the student to continue to participate in the general education curriculum and to progress toward IEP goals and, as appropriate, conduct a functional behavioral assessment and implement behavioral intervention services and modifications to address the behavior so that it does not recur; 2) placing students in an Interim Alternative Educational Setting (IAES) on the authority of a hearing officer when the student is "substantially likely" to injure him/herself or others; 3) notifying the parent of the decision to take disciplinary action; and 4)address placing students in an Interim Alternative Educational Setting (IAES) on the district's authority if the behavior involves weapons, illegal drugs, another controlled substance or the infliction of serious bodily injury on another person while at school or a school function. | | |
| **Description of Internal Monitoring Procedures:**  The district will review the student handbooks annually during the spring for compliance with current standards so that the school committee can approve them in draft form before the end of the school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the section of the student handbook and codes of conduct for each district school that include the discipline of students with disabilities and each address: 1) if the behavior is not a manifestation of the disability, the district must offer services to enable the student to continue to participate in the general education curriculum and to progress toward IEP goals and, as appropriate, conduct a functional behavioral assessment and implement behavioral intervention services and modifications to address the behavior so that it does not recur; 2) placing students in an Interim Alternative Educational Setting (IAES) on the authority of a hearing officer when the student is "substantially likely" to injure him/herself or others; 3) notifying the parent of the decision to take disciplinary action; and 4)address placing students in an Interim Alternative Educational Setting (IAES) on the district's authority if the behavior involves weapons, illegal drugs, another controlled substance or the infliction of serious bodily injury on another person while at school or a school function by June 12, 2017.  Provide evidence that the updated procedures have been disseminated to staff, students and parents for the 2017-2018 school year by September 8, 2017. | | |
| **Progress Report Due Date(s):**  06/19/2017  09/08/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district's Bullying Prevention and Intervention Plan extends protections to students who are bullied by a member of the school staff. However, the student handbook for Braxton Elementary School and the faculty handbook do not contain the relevant provisions addressing the bullying of students by a school staff member and do not clarify that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report. | | |
| **Description of Corrective Action:**  An examination of the district faculty handbook, and school handbooks indicated that information was not consistently included in each, nor did the language align across all buildings nor with school committee policy.  The district Principals and Director of Student Support Services will review the district faculty handbook and student handbooks for each school and revise the Bullying Prevention and Intervention sections to align with the Legal Standard and district policies. A template will be provided for each that includes the necessary language to ensure alignment.  Upon completion the Handbooks for the 2017-2018 school year will be reviewed and approved by the School Committee.  Review to be completed by June 1st, 2017.  School Committee approval of Handbooks on June 6th, 2017.  Updated Handbooks will be disseminated to, and reviewed with staff during mandatory training at the start of the school year. Handbooks will be distributed in print and electronic format (via the school website) to parents. | | |
| **Title/Role(s) of Responsible Persons:**  Building Principals and Director of Student Support Services | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Once approved, student handbooks will be posted on school and district websites. Handbooks will contain the relevant provisions addressing the bullying of students by a school staff member and do not clarify that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report. | | |
| **Description of Internal Monitoring Procedures:**  The district will review the student handbooks annually during the spring for compliance with current standards so that the school committee can approve them in draft form before the end of the school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the section of the student handbook for Brayton Elementary School and the faculty handbook that contain the relevant provisions addressing the bullying of students by a school staff member and do not clarify that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report by June 12, 2017.  Provide evidence that the revised Bullying Prevention and Intervention Plan has been disseminated to the students and parents at Brayton Elementary School and staff by September 8, 2017. | | |
| **Progress Report Due Date(s):**  06/19/2017  09/08/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates that the district's student discipline policies and procedures under M.G.L. c.71, s. 37H¾ do not include the following required content: 1) the School-Wide Education Service Plan does not address the district's responsibility to facilitate and verify enrollment upon selection of an educational service by the student and guardian when a student has been suspended or expelled for more than 10 consecutive days; 2) the written notice of hearing and suspension submitted by the district does not include the location of the hearing; and 3) the notification is addressed only to the parent. | | |
| **Description of Corrective Action:**  An examination of school district policy and procedures indicates that the necessary content is missing.  The district Superintendent will review all student discipline policies and revise the policies based on the Legal Standard and model policy language provided by the Massachusetts Association of School Committees. The required content will be included in district correspondence to the parent/guardian and to the student.  Policy review and revision to be completed by April 30th, 2017.  Policy revision approval by the School Committee by June 6th, 2017.  Correspondence revision by June 30th, 2017 | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  District student discipline policies will contain the following content  1) the School-Wide Education Service Plan will address the district's responsibility to facilitate and verify enrollment upon selection of an educational service by the student and guardian when a student has been suspended or expelled for more than 10 consecutive days;  2) the written notice of hearing and suspension submitted will contain the location of the hearing  3) the notification will be addressed to the parent and the student | | |
| **Description of Internal Monitoring Procedures:**  The district data team will review disciplinary actions annually to ensure that the appropriate language is contained within all communications | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the district's School-Wide Education Service Plan that addresses the district's responsibility to facilitate and verify enrollment upon selection of an educational service by the student and guardian when a student has been suspended or expelled for more than 10 consecutive days by June 12, 2017.  Submit a copy of the revised written notice of hearing and suspension that includes: 1) the location of the hearing; and 2) evidence that the notice is provided to the student, as well as the parent by June 12, 2017. | | |
| **Progress Report Due Date(s):**  06/19/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate the following issues with the written notice provided to students and their parents within five days of the student's tenth consecutive absence: 1) it does not offer at least two dates and times for an exit interview with the superintendent or designee before the student permanently leaves school; 2) it is not provided to the student; and 3) it does not indicate that all parties shall agree to the date and time of the exit interview. | | |
| **Description of Corrective Action:**  An internal review of the high school procedures for communication when a student is absent for 10 consecutive days indicated that the template used for the letters is missing some required language. It was also concluded that there was a lack of understanding by staff about how the process is to be implemented with fidelity.  The district Superintendent and High School Principal will review the written notice for students leaving school and revise the correspondence based on the Legal Standard. The required content will be included in district correspondence to the parent/guardian and to the student.  Training to all High School staff on the Legal Standard will be provided.  To be completed by September 1st, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, High School Principal | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Samples of written notice will:  1) Offer at least two dates and times for an exit interview with the superintendent or designee before the student permanently leaves school  2) be provided to the student  3) indicate that all parties shall agree to the date and time of the exit interview. | | |
| **Description of Internal Monitoring Procedures:**  The district will annually review all letters provided to students due to 10 consecutive absences to ensure that the necessary procedures were followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Review the following document: High School Exit Intervention Model Protocol at http://www.doe.mass.edu/dropout/2014-05ExitProtocol.pdf.  Submit a copy of the procedures developed to ensure written notice is provided to students and their parents within five days of the student's tenth consecutive absence by June 12, 2017.  Submit a copy of the notice sent by the district to students and their parents within five days of the student's tenth consecutive absence that includes all required elements by June 12, 2017.  Submit evidence of training (agenda and dated attendance list with staff signature/role) provided to the high school principal and staff on the new procedures by September 8, 2017. | | |
| **Progress Report Due Date(s):**  06/19/2017  09/08/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  CR 20 Staff training on confidentiality of student records | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district does not train staff on parent rights with respect to student education records according to the provisions of the Family Educational Rights and Privacy Act and on the importance of information privacy and confidentiality. | | |
| **Description of Corrective Action:**  A review of professional development practices within the district indicated that in the past, training on confidentiality of student records and FERPA was not consistently provided.  The district Superintendent, Director of Curriculum, Instruction, and Assessment, and Director of Student Support Services will review and revise the annual compliance training to include the confidentiality of student records, FERPA, and parent rights.  All staff members will be provided with the updated compliance training for the 2017-2018 school year.  To be completed by September 1st, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Director of CIA, Director of SSS | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Agenda from training sessions, signed attendance sheets, documentation of completed training | | |
| **Description of Internal Monitoring Procedures:**  Following training, the district data team will review the attendance logs and ensure that all staff have completed the necessary training. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 20 Staff training on confidentiality of student records | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (agenda, materials used and dated attendance list with staff signature/role) provided to all staff on parent rights with respect to student education records according to the provisions of the Family Educational Rights and Privacy Act and on the importance of information privacy and confidentiality by September 8, 2017. | | |
| **Progress Report Due Date(s):**  09/08/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that individual teachers at the elementary level do not review educational materials for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Corrective Action:**  The district Superintendent and Director of Curriculum, Instruction, and Assessment will develop a curriculum renewal, annual evaluation, and adoption process to meet the Legal Standard and district approved policies for curriculum materials. The process will specifically use evaluation tools that insure educational materials will be free of bias and/or stereotypes.  All teachers will be trained in the process for reviewing curriculum materials.  To be completed by September 1st, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Director of CIA | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Sign in sheets from training, training agendas, documentation of curriculum reviews, signed curriculum review templates. | | |
| **Description of Internal Monitoring Procedures:**  Curriculum reviews will be submitted to the Director of CIA. The district data team will review aggregate data regarding the reviews to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's description identifies that the district will develop a curriculum renewal, annual evaluation and adoption process for curriculum materials. The district must also ensure that the process addresses how individual teachers are reviewing the teacher-selected materials they are presenting in the classroom. | | |
| **Department Order of Corrective Action:**  The district must develop procedures to ensure that individual teachers in the district review their educational materials for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation, and that  appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the procedures developed to ensure that individual teachers in the district review educational materials for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials by June 12, 2017.  Submit evidence of training (agenda, dated attendance list with staff signature/role) provided to special education and general education teachers to ensure they review all educational materials for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation by September 8, 2017. | | |
| **Progress Report Due Date(s):**  06/19/2017  09/08/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  Internal review found that the district had not evaluated all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, were provided equal access to all programs.  The district will form a District Data Team with administrator and teacher leader representation. The District Data Team will be trained in collaboration with our DSAC specialists, and will be charged with reviewing district academic, accountability, programmatic, and enrollment data for the purpose of evaluating equal access to all programs on an annual basis. The analysis process will include a review of procedures and protocols for provision of equal access to programs, athletics, and extracurricular activities and a staff survey for annual institutional evaluation. The final report of the review will be included in a school committee presentation at the close of each year.  To be completed by September 1st, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent; Director of CIA; Director of SSS; Principals; Data Team members | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Attendance log, meeting agendas, meeting notes, annual report presented to school committee. | | |
| **Description of Internal Monitoring Procedures:**  The data team will meet regularly and will be tasked to reviewing a all areas of compliance relative to this Corrective Action plan. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the district's procedures developed for its annual evaluation of its K-12 program that ensures all students have equal access to all programs, including athletics and other extracurricular activities and includes all protected categories by June 12, 2017.  Submit a copy of the institutional self-evaluation, conclusions reached, and resolution of any identified issues by September 8, 2017. | | |
| **Progress Report Due Date(s):**  06/19/2017  09/08/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  ELE 3 Initial Identification | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review, including a review of initial identification data, indicates that the district does not always use the cut scores provided in the "Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners," to identify students who may be English learners. The district's current initial identification practices are not in accordance with Department guidelines as set forth in 603 CMR 14.02(1). | | |
| **Description of Corrective Action:**  An internal review of policy and documentation showed that a lack of alignment between expectations and execution of requirements for identification.  The district Superintendent, Director of Curriculum, Instruction, and Assessment, and District ELE Coordinator will review and revise the EL student screening process including the pre-IPT (for preK) and the W-APT (K-12) assessments to identify the English Language Proficiency Level and establish procedures for placement based on cut scores.  Review to be completed by May 15, 2017.  Implementation of the EL student screening and assignment processes to be completed by June 30, 2017.  All staff to be trained on process by September 1, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Director of CIA, District ELE Coordinator | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Review meeting attendance log, meeting notes, updated screening process | | |
| **Description of Internal Monitoring Procedures:**  District Data team will review data gathered during the screening process annually. Director of CIA and ELE Coordinator will review screening process annually to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 3 Initial Identification | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 12, 2017, revise the district's initial identifications policies and procedures. Provide training to all staff members involved in the initial identification process to ensure that they are all knowledgeable about the changes and submit the training materials, sign-in sheets and agendas.    By September 8, 2017, complete and submit the "Initial Identification Testing Data" form that is available in the Document Library for SY 2017-18, for all students that were assessed to determine their level of English Proficiency from June 2017 to September 2017. | | |
| **Progress Report Due Date(s):**  06/19/2017  09/08/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  ELE 4 Waiver Procedures | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Document review, particularly the district's "Waiver Process and Guidelines," indicates that a student's educational needs may suggest placement not in the SEI program, but in another of the district's specialized programs, such as the program for students with Autism, the Transition program, the Steeples program, the Greenhouse program, and the E3 Academy. G.L. c. 71A states that a parent may request a program waiver to allow the student in a different ELE program than the state-mandated SEI program model; however, the programs referenced regarding this criterion are not ELE programs. | | |
| **Description of Corrective Action:**  An internal review of the waiver and application process indicated that there was a misinterpretation of the ability for families to waive services, and further that this was communicated to families both verbally and in writing. The incorrect assumption was that families would need to opt out of ELL services in order to receive services in specialized programs. Further, the district had located all of the EL services in a single building where the specialized services were not offered.  The district Superintendent, Director of Curriculum, Instruction, and Assessment, Director of Student Support Services, and District ELE Coordinator will review and revise the EL student placement process to identify and establish procedures for placement based on student need and to include waiver and exit criteria based on cut scores. EL service delivery at each building will be aligned to state and federal requirements.  Review to be completed by May 15, 2017.  The EL student placement and waiver process to be completed by June 30, 2017.  The District will develop a process for provision of ELE services and supports delivered by highly qualified educators regardless of program placement by September 1, 2017.  All staff to be trained on process by September 1, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Director CIA, Director SSS, ELE Coordinator | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Review notes and meeting attendance logs. District Training attendance logs and agendas. | | |
| **Description of Internal Monitoring Procedures:**  The District Data Team will review aggregate data annually. Director CIA, Director SSS and ELE coordinator will review individual cases (low incidence district) to ensure compliance | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 4 Waiver Procedures | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 12, 2017, revise the district's waiver, opt-out and reclassification procedures.  By September 8, 2017, provide training to all ELE staff to ensure that they are knowledgeable about the changes in the waiver, opt-out and reclassification procedures, including that students must be given access to all academic programs available in the district regardless of the location these services are provided.  Submit the training materials, sign-in sheets and agendas.  By September 8, 2017, submit evidence showing that students who were on a waiver as a result of the district's former practice have access to ELE services. Should the parents prefer to decline services, submit signed and dated opt-out forms and the evidence of progress monitoring to ensure that these students are making adequate progress. | | |
| **Progress Report Due Date(s):**  06/19/2017  09/08/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  ELE 6 Program Exit and Readiness | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review, particularly the district's "Waiver Process and Guidelines," indicates that if a student's educational needs suggest placement in other specialized programs such as the program for students with Autism, the Transition program, the Steeples program, the Greenhouse program, and the E3 Academy, then this student may exit the program before he/she meets the district's exit criteria by using the waiver process. | | |
| **Description of Corrective Action:**  An internal review of the waiver and application process indicated that there was a misinterpretation of the ability for families to waive services, and further that this was communicated to families both verbally and in writing. The incorrect assumption was that families would need to opt out of ELL services in order to receive services in specialized programs, rather than exiting based on performance criteria.  The district Superintendent, Director of Curriculum, Instruction, and Assessment, Director of Student Support Services, and District ELE Coordinator will review and revise the EL student placement process to identify and establish procedures for placement based on student need and to include waiver and exit criteria based on cut scores.  Review to be completed by May 15, 2017.  The EL student placement and waiver process to be completed by June 30, 2017.  The District will develop a process for provision of ELE services and supports delivered by highly qualified educators regardless of program placement by September 1, 2017.  All staff to be trained on process by September 1, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Director of CIA, Director of SSS, ELE Coordinator | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Review notes and meeting attendance logs. District Training attendance logs and agendas. | | |
| **Description of Internal Monitoring Procedures:**  The District Data Team will review aggregate data annually. Director CIA, Director SSS and ELE coordinator will review individual cases (low incidence district) to ensure compliance | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 6 Program Exit and Readiness | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please see ELE 4. | | |
| **Progress Report Due Date(s):**  06/19/2017  09/08/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  ELE 10 Parental Notification | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicate that the district does not send progress reports to parents or legal guardians that include information regarding their child's progress in becoming proficient in using the English language. | | |
| **Description of Corrective Action:**  Internal review of EL procedures and prior training provided to staff revealed that there was no existing procedure or guidelines for provision of progress reports to parents other than that which was included on student report cards.  The Director of Curriculum, Instruction and Assessment and the District ELE Coordinator will establish progress reports providing information specific to English language proficiency. A schedule for distribution to parents will be aligned to progress report and report card distribution and documents will be provided in the family's native language.  Creation of the EL student progress report to be completed by May 15, 2017.  Approval of EL student progress report to be completed by School Committee by June 30, 2017.  Training for necessary staff and schedule for the EL student progress report to follow the district’s progress report and report card calendar by September 1, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Director of CIA, District ELE Coordinator | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Samples of EL progress report. | | |
| **Description of Internal Monitoring Procedures:**  District data team will review aggregate data to ensure that all students who require an EL progress report have received them following the district report card calendar. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 10 Parental Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 12, 2017, submit samples of the progress reports the district will send to parents or legal guardians to inform them of their child's progress in English language acquisition.  By June 12, 2017, provide the district's plan, including information about how often ELE progress reports will be issued, and how the district will monitor the process to ensure that parents receive progress reports in their preferred language. | | |
| **Progress Report Due Date(s):**  06/19/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  ELE 14 Licensure Requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and a review of ELAR indicate that not all district ESL teachers/tutors that provide students with ESL instruction hold an ESL license or a current waiver issued by the Massachusetts Department of Elementary and Secondary Education. | | |
| **Description of Corrective Action:**  Internal review of employee files and HR practices indicated that staff who were not appropriately certified in a given area were often hired as 'long term substitutes' without having sought the necessary waivers.  The hiring processes for ESL teachers will include verification of certification and pursuit of waivers, when necessary, per the guidelines of the MA DESE.  The process will be outlined in the employee handbook by June 30, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Director CIA, Director SSS, Principals | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Process documented in Employee handbook. Documentation through ELAR verifying EL Teachers' certification and pursuit of waivers, when necessary, per the guidelines of the MA DESE. | | |
| **Description of Internal Monitoring Procedures:**  District Leadership team will annually review the certification status of all teachers. Administration will review certification status at the time of hiring of new EL teachers. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The corrective action plan explains how the district will revise the hiring process moving forward to ensure that ESL teachers new in the position are appropriately licensed; however, it is not clear what the district's plan is for the teachers who are currently employed and assigned to teach ESL regardless of their licensure status. | | |
| **Department Order of Corrective Action:**  Provide evidence of the licensure of the current ESL teacher(s) by the progress report due date. | | |
| **Required Elements of Progress Report(s):**  Provide evidence of the licensure of all the current ESL teacher(s) by September 8, 2017. | | |
| **Progress Report Due Date(s):**  09/08/2017 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  ELE 18 Records of ELL students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  See ELE 10. | | |
| **Description of Corrective Action:**  Internal review of EL procedures and prior training provided to staff revealed that there was no existing procedure or guidelines for provision of progress reports to parents other than that which was included on student report cards.  The Director of Curriculum, Instruction and Assessment and the District ELE Coordinator will establish progress reports providing information specific to English language proficiency. A schedule for distribution to parents will be aligned to progress report and report card distribution and documents will be provided in the family's native language.  Creation of the EL student progress report to be completed by May 15, 2017.  Approval of EL student progress report to be completed by School Committee by June 30, 2017.  Training for necessary staff and schedule for the EL student progress report to follow the district's progress report and report card calendar by September 1, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Director CIA and ELE Coordinator | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Samples of EL progress report. | | |
| **Description of Internal Monitoring Procedures:**  District data team will review aggregate data to ensure that all students who require an EL progress report have received them following the district report card calendar. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 18 Records of ELL students | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  See ELE 10. | | |
| **Progress Report Due Date(s):**  06/19/2017 | | |